

Referral for Evaluation for Special Education Services

Student _____ DOB _____

Address _____ Phone _____ Grade _____

Parent(s) _____

Primary language in home _____ Student's language proficiency (IPT) _____

Person making referral _____ Date _____

Relationship to the student ☐ Parent ☐ Teacher ☐ Other _____

Regular Education (Prereferral) Intervention Documentation and supporting data must be attached.

For **parent referral**, list areas of concern:

Academic

- ☐ Language Arts
- ☐ Math
- ☐ Reading
- ☐ Pre-academics
- ☐ Study Skills
- ☐ Other _____

Communication

- ☐ Articulation
- ☐ Language
- ☐ Fluency / Stuttering
- ☐ Voice
- ☐ Listening Skills
- ☐ Other _____

Social / Emotional

- ☐ Attention
- ☐ Task Completion
- ☐ Following Directions
- ☐ Withdrawn
- ☐ Acting Out
- ☐ Peer Relationships
- ☐ Other _____

Sensory / Motor

- ☐ Hearing
- ☐ Vision
- ☐ Fine Motor
- ☐ Gross Motor
- ☐ Self Help / Adaptive
- ☐ Other _____

Comments _____

Action Taken:

☐ Evaluation recommended. Assigned to: _____
(Send Prior Notice and Consent for
Evaluation Form)

☐ No evaluation recommended at this time.
(Provide prior notice of refusal to evaluate) _____

LEA or Designee Signature

Date